

TEXAS A&M UNIVERSITY-CORPUS CHRISTI

Request for Supplemental Pay

Use this form to process a payment above the employee's regular budgeted salary. Do not use this form to pay non-exempt employees for overtime work. Individuals authorizing supplemental pay are responsible for ensuring compliance with relevant system regulations listed on the bottom of this form.

Date: _____ Employee Name: _____ UIN _____

Dept. Requesting Payment: _____ Account: _____ Amount: \$ _____

Type of Payment:

____ Faculty Overload due to course load and/or large class ____ Lump Sum – Onetime, non-recurring payment

____ Dual Employment – Employee is working second position requiring recurring payments

____ Other – Explanation Required _____

Date(s) worked Performed: _____ Description of Work Performed: _____

Employee Certification (not required for faculty overload):

I hereby certify that the above referenced duties are outside my normal duties and will be performed outside of my normal workday.

Employee Signature

Certification by Primary Employing Department Head (not required for faculty overload):

I hereby certify that the additional duties to be performed by the above referenced employee are outside his/her normal work duties and will be performed outside of his/her normal work hours.

Employee's Department Head Signature

Please Print Name of Department Head

APPROVALS:

Account Responsible Person

Human Resources

Budget/Grants

Vice President
(Required for payments of more than \$2,000)

Relevant System Regulations:

- 33.99.06 [Administration of Multiple Employment](#) (Revised 04/11/03)
- 33.99.07 [Internal Faculty Consulting and Professional Services](#) (Revised 07/18/01)
- 31.01.09 [Overtime](#) (11/27/02)